

# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

DEC 21 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>138171</u> ✓
Name <u>Gregory Larmore</u>	ID# <u>691</u>	Date <u>14 Dec 09</u> ✓
A Agency <u>E.14</u>	Phone # <u>2933</u>	
Instrument Location <u>Rm 143</u> ✓		
B Alco S/N <u>58428</u> Target Value <u>.080</u> High Pressure <u>.080</u>		
Alco Test Values <u>.084</u> <u>.084</u> 1 <sup>st</sup> Alco 2 <sup>nd</sup> Alco		
Signature <u>[Signature]</u> ✓		
(OVER)		

BMB  
1/5/10

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

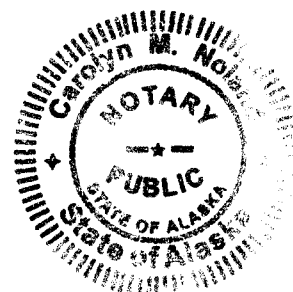
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 7th day of January 2010

[Signature]  
Carolyn M. Nolane  
Notary Public, State of Alaska  
Commission Expires with Office

(Notary Seal Stamp)



*State of Alaska*  
*Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program*

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## DIAGNOSTIC CHECK

7-10-1964